PTO.SB17 (10-08)
Approved for use through 05:002010 : 0MB 0551-0022
U.S. Patient and Tradement Office, U.S. DEPARTMENT OF COMMERCE
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Effective	Complete if Known						
Fees pursuant to the Consolidate	Application Nur	nber	10/554,259-Cor				
FEE TRANSMITTAL For FY 2009			Filing Date		October 25, 2005		
			First Named Inv	entor	Mitsuo Ochi		
			Examiner Name	Examiner Name C. E. Burk			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF PAYMENT (\$) 810.00			Attorney Docket No. T0509.70012US00				
METHOD OF PAYMENT (check all that apply)							
Check X Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number 23/2825 Deposit Account Name Wolf, Greenfield & Sacks, P.C.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity							
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$		Fees P	ald (\$)
Utility	330	165 540	270	220	110		
Design	220	110 100	50	140	70		
Plant	220	110 330	165	170	85		
Reissue	330	165 540	270	650	325		
Provisional	220	110	0	0	0		
2. EXCESS CLAIM FEES							Small Entity
Fee Description Fee (\$) Fee (\$) Fach claim over 20 (including Reissurs) 52 26							
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims	er 3 (menuum	ig Keissues)				390	195
Multiple dependent claims			ee Paid (\$)		Multiple Depende		
Total Claims Extra Claims Fee (\$) F			66 F alu (4)			ee Paid (\$	
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims Extra Claims Fee (\$)			ee Paid (\$)	_			_
7 -7 or HP = x =							
HP = highest number of independent claims peid for, if greeter than 3.							
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for Continued Examination (RCE) 810.00							
SUBMITTED BY // / / / / / / / / / / / / / / / / /							
Signature	(Autolingia)						
Name (Print/Type) Michael 1	. Siekman				Date	August 2	6, 2010

Certificate of Electronic Filing Under 37 CFR 1.8

Thereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1 8(a)(4). Electronic Signature for Heather A. McLennand / Heather A. McLennand/ Dated: August 26, 2010